

**CARTHAGE INDEPENDENT SCHOOL DISTRICT
 ABSENCE FROM DUTY REPORT
MUST BE FILLED OUT BY EMPLOYEE**

Employee _____ Position _____

Employee Payroll Number _____ Campus _____

Date of Absence _____ From _____ Through _____ Total Days Absent _____

CAUSE OF ABSENCE:

- Personal Illness: ___ Sick ___ Drs Appt ___ Dental Appt ___ Other: _____
- Illness in Family: Relationship _____
- Death in Family
- School Business: ___ Workshop ___ School Trip ___ Other: _____
- Court Summons (attach copy of summons)
- Personal Business*
- Vacation Other: _____

_____ STATE DAYS _____ LOCAL DAYS

A written statement from the attending physician must be attached if the duration of absence due to illness of the employee was **more than** five (5) days. If absence was due to illness of a family member, a written statement from the attending physician must be attached if the length of absence was **more than** five (5) days. For an extended leave beyond the time named above, you should call the Business Office and inquire about the FMLA (Family Medical Leave Act) Plan.

*Personal Business Days **MUST** have three (3) day prior approval by campus principal. A completed and signed Personal Business Day Request form must be submitted to the Business Office. Personal business days may not be taken for more than 2 **consecutive days**. See DEC Local for Personal Business Day schedule limitations.

Employee's Signature

Date

**FOR OFFICE USE ONLY
 Substitute Information**

<u>Substitute Payroll #</u>	<u>Substitute Name(s)</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****NOTE****
 All information **MUST**
 be filled out for substitute
 to be paid

Comments: _____

Signature of Principal or Supervisor _____ Date _____

Superintendent's Signature _____ Date _____

Payroll Only

029 _____ 030 _____ 031 _____ 032 _____ 033 _____

Principal's offices please return completed and signed form to Joni Lee at the Business Office.